

Watson CPA, PC

2680 S. Val Vista Drive, Suite 192 | Paseo North – Building 16 | Gilbert, AZ 85295

Voice: 480.491.7994 | Fax: 480.491.8179

INDIVIDUAL INCOME TAX ORGANIZER – Tax Year 2016

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Pension or IRA distributions
- Significant change in income or deductions
- Job change
- Marriage
- Attainment of age 59½ or 70½
- Sale or purchase of a business
- Sale or purchase of a residence or other real estate
- Retirement
- Notice from IRS or other revenue department
- Divorce or separation
- Self-employment
- Charitable contributions of property in excess of \$5,000

A. Taxpayer & Spouse Information

	Name	Social Security #	Date of Birth	Occupation	Phone
Taxpayer					
Spouse					
Street Address	City	State	Zip Code		

Marital Status:

- Married
- Married – Filing Separately
- Single
Date of Divorce (if 2016) _____
- Widow(er)
Date of Death (if 2016) _____

Please indicate any major changes affecting you or your spouse in 2016:

- Birth/Adoption Self-employed
- Death Office in home
- Marriage
- Started/ended business

Other filing information:

- Legally blind** Taxpayer Spouse
- Disabled** Taxpayer Spouse

B. Dependents (Children & Others)

	Name (first & last)	Social Security #	Relationship	Date of Birth	Other	Gross Income if over \$800
1					<input type="checkbox"/> Disabled <input type="checkbox"/> College Student	
2					<input type="checkbox"/> Disabled <input type="checkbox"/> College Student	
3					<input type="checkbox"/> Disabled <input type="checkbox"/> College Student	
4					<input type="checkbox"/> Disabled <input type="checkbox"/> College Student	
5					<input type="checkbox"/> Disabled <input type="checkbox"/> College Student	

C. Direct Deposit Information

If you would like to have any refund Direct Deposited to your bank, please attach a voided check or fill in the following information:

Name of Bank	Routing Number
Account Number	Account Type
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

D. IRA Contributions

(Individual Retirement Account)

Contributions for tax year 2016	Amount	Date	Traditional or Roth
Taxpayer			<input type="checkbox"/> Trad <input type="checkbox"/> Roth
Spouse			<input type="checkbox"/> Trad <input type="checkbox"/> Roth

E. Estimated Taxes Paid

Due Date	Date Paid	Federal Amount \$	State Amount \$
2015 Balance Carryover			
1 st – 4/15/15			
2 nd – 6/16/15			
3 rd – 9/15/15			
4 th – 1/15/16			

F. Taxes Paid

Type of Tax	Amount \$
Property Taxes (primary residence)	
Property Taxes (other)	
Auto Registration	
Sales Tax: New Car/Boat	
Sales Tax: New House	

G. Medical Expenses (Not covered by benefit program)

Type of Expense	Amount \$
Prescription Drugs	
Doctor/Dentist/Orthodontist	
Other Medical/Dental Expenses	
Medical Insurance Premiums	
Medical Mileage # miles:	

H. Other Itemized Deductions

Type of Deduction	Amount \$
Tax Preparation Fees	
Safe Deposit Box	
Financial Planning Fees	
IRA Fees	
Charitable Mileage # miles:	

I. Other Income

Source	Amount \$	Source	Amount \$
Child Support		Jury Duty (not mileage reimbursements)	
Scholarships & Grants		Disability Income	
Unemployment Compensation		Veteran's Pension	
Prizes, Bonuses, Awards		Payments from Prior Installment Sale	
Gambling/Lottery Winnings		State Income Tax Refund	
Gambling/Lottery Losses		Other:	
Unreported Tips		Other:	
Director's/Executor's Fees		Other:	
Commissions		Other:	

Tax Preparation Checklist

Please provide the following documentation:

All Tax Information Forms:

- W-2 (wages)
- 1099s (interest, dividends, proceeds, pensions, etc.)
- 1098s (mortgage interest, tuition, student interest, etc.)
- Schedules K-1 (partnerships, S corporations, estates and trusts)
- Form 1095-A (for health insurance purchased through a public exchange)
- Form 1095-B (for health insurance purchased outside of a public exchange)
- Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

This completed Individual Income Tax Organizer. *Note: If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions — All Taxpayers" on the back of the engagement letter.*

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage.

Detail of estimated tax payments made, if any. See Section E above.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.

All acknowledgement letters received from charitable organizations for contributions made in 2016.

Non-cash contributions: If over \$500 in noncash charitable contributions, please provide details of contribution (items donated, original cost, date of donation and fair market value of donation. If over \$5,000 (excluding publicly traded securities), an independent appraisal is generally required.